


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90239 009 ****61.25

DOCUMENT # N04172			
1. Entity Name SICKLE CELL FOUNDATION, INCORPORATED			
Principal Place of Business 110 W. 5TH AVE. TALLAHASSEE, FL 32303 US		Mailing Address 110 W. 5TH AVE. TALLAHASSEE, FL 32303 US	
2. Principal Place of Business 1336 Vickers Road Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Tallahassee, Florida		City & State	
Zip 32303	Country Leon	Zip	Country
4. FEI Number 59-2518049		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PENERMON, VELMA 110 W. 5TH AVENUE TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name: Velma Pernermon Stevens Street Address (P.O. Box Number is Not Acceptable): 1336 Vickers Road City: Tallahassee FL Zip Code: 32303	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED PENERMON, VELMA 906 KENDALL DRIVE TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Velma Pernermon Stevens <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 906 Kendall Drive Tall, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PARKS, DARYL ESQ 240 NORTH MAGNOLIA DRIVE TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC HOLIDAY, ERVIN 800 W BREVARD STREET TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANIER, HOMER 2000 BUSHY HALL ROAD TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, DEXTER 6738 DONERAIL TRAIL TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLEOD, CLINTON 1353 LAFAYETTE ST, STE B TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: <i>Velma Pernermon Stevens</i>		Date: <i>5/8/06</i> (850) 222-2355	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Velma Pernermon Stevens</i>		Daytime Phone #	